

Congresswoman Donna Edwards Maryland's Fourth Congressional District



INTERNSHIP APPLICATION

Note: Internships in Congresswoman Edwards' Office are Unpaid

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home _____

Cell _____

Email Address: _____

Parent's Name/Address: _____

Parent's Phone: _____

Hometown/State: _____

Education:

College/University enrolled: _____

City: _____ State: _____

Expected Year of Graduation: _____

Major: _____ GPA: _____

High School: _____

Preferences/Availability:

Office Location: _____

Areas of Interest: _____

Session (Please Circle One): Summer / Winter / Fall

Preferred Start/End Dates: _____

Availability: _____

Number of hours per week _____

*****Please attach a resume, one page essay/cover letter explaining why you want to intern in the Office of Congresswoman Donna Edwards.**

Signature _____ Date signed _____

I certify, to the best of my knowledge and belief that the information contained herein and attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

Fax to:
Congresswoman Donna Edwards
Attn: Intern Coordinator
(202) 225-8714